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| STATE OF NORTH CAROLINA In The General Court Of Justice | | File No. 21CRS053859 | Provide all case numbers resolved on the same day in the same court before the same judge. |
| HENDERSON | <input type="checkbox"/> District <input checked="" type="checkbox"/> Superior Court Division | Additional File No(s). | |
| <input type="checkbox"/> Check Here If This Fee Application Covers Multiple Charges | | | |
| Name And Address Of Indigent Client MACKENZIE BLAINE BROWN 158 HAVEN ROAD EAST FLAT ROCK NC 28726 | | 2022 OCT 27 A 11: 27 | |
| HENDERSON COUNTY, C.S.C. | | NON-CAPITAL CRIMINAL CASE TRIAL LEVEL FEE APPLICATION ORDER FOR PAYMENT JUDGMENT AGAINST INDIGENT | |
| Date Attorney Appointed 10/27/2021 | | | |
| Full Social Security No. (required by G.S. 7A-25(d)) 1 0 1 7 <input type="checkbox"/> Has No Social Security No. | | G.S. Ch. 7A, Art. 36; G.S. 122C-288(d), -288(d) | |

NOTE: Use this form ONLY for non-capital criminal cases at the trial level.
INSTRUCTIONS: Applicant completes and signs all applicable portions of Section I. The trial judge completes Sections II and III and signs Section IV to award payment or fix value of services and enter the appropriate judgments. If no judgments are to be entered, the trial judge must so indicate in Section III. Clerk mails private appointed counsel fee applications to: IDS Financial Services Office, Courthouse Box 56-10-60, Raleigh, NC, OR if courier is not available, mail to PO Box 2448, Raleigh, NC 27602.

I. APPLICATION

I, the undersigned ☐ assigned counsel, ☒ public defender, ☐ IDS contract counsel, make application for payment and reimbursement of necessary expenses incurred, or for determination of value of services rendered for the indigent. I certify that this information is correct to the best of my knowledge.
MOST SERIOUS ORIGINAL CHARGE AND MOST SERIOUS DISPOSITION: Check ONE box in each of the three following columns.

| | | |
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| 1. Original Charge (most serious offense) <input type="checkbox"/> Felony Offense Must Indicate Felony Class: _____ Name Of Offense: _____ <input type="checkbox"/> Felony Probation Violation <input checked="" type="checkbox"/> Misdemeanor Offense (Non-Traffic) Must Indicate Misd. Class: _____ (If Class 3, attach Order Of Assignment) <input type="checkbox"/> Misdemeanor Probation Violation <input type="checkbox"/> DWI <input type="checkbox"/> Other Traffic Must Indicate Misd. Class: _____ (If Class 3, attach Order Of Assignment) <input type="checkbox"/> Criminal Contempt <input type="checkbox"/> Treatment Court (in columns 2 and 3, check Other) <input type="checkbox"/> Satellite-Based Monitoring Hearing (in columns 2 and 3, check Other) <input type="checkbox"/> Non-Capital Motion For Appropriate Relief (in columns 2 and 3, check Other) <input type="checkbox"/> Other*: _____ *(Check only if none of the above) | 2. Disposition (most serious disposition) <input type="checkbox"/> Guilty Plea Before Trial: Most Serious Original Charge <input type="checkbox"/> Guilty Plea Before Trial: Other Offense Name Of Offense: _____ <input type="checkbox"/> Guilty Plea During Trial: Other Offense Name Of Offense: _____ <input type="checkbox"/> Trial: Guilty Most Serious Original Charge <input type="checkbox"/> Trial: Guilty Other Offense Name Of Offense: _____ <input type="checkbox"/> Trial: Acquitted <input type="checkbox"/> Probation Violation Found <input type="checkbox"/> Dismissed With Leave <input checked="" type="checkbox"/> Dismissed Without Leave <input type="checkbox"/> FTA/OFA Without Dismissal <input type="checkbox"/> Deferred/Diverted <input type="checkbox"/> Held In Criminal Contempt <input type="checkbox"/> No Probable Cause <input type="checkbox"/> Attorney Withdraw (reason): _____ <input type="checkbox"/> None (Interim Fee) <input type="checkbox"/> Other*: _____ *(Check only if none of the above) | 3. Judgment & Sentencing (most serious) <input type="checkbox"/> Active Sentence Length Of Sentence: _____ <input type="checkbox"/> Split Sentence <input type="checkbox"/> Supervised Probation <input type="checkbox"/> Unsupervised Probation <input type="checkbox"/> Probation Terminated <input type="checkbox"/> PJC <input type="checkbox"/> Fines And Costs Only <input checked="" type="checkbox"/> None (Acquitted/Dismissed) <input type="checkbox"/> None (Deferred/Diverted) <input type="checkbox"/> None (Attorney Withdraw) <input type="checkbox"/> None (Interim Fee) <input type="checkbox"/> Other*: _____ *(Check only if none of the above) |
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| FINAL FEES ONLY: | Disposition Date 10/25/2022 | <input type="checkbox"/> Check here if you were appointed to represent this defendant in another case(s) at the time of the appointment to this case(s) and you already submitted a fee application for that case(s) in which the attorney appointment fee was charged. | | | |
| COMPLETE FOR THIS FEE: <input type="checkbox"/> Check here if judge required time sheet. See Note on Side Two. (Time must be reported in decimals, not minutes.) | Beginning Date This Fee Request 10/27/2021 | Ending Date This Fee Request 10/26/2022 | Date First Substantive Client Interview 12/13/2021 | Prior Total Fees And Expenses Allowed \$ | |
| | Name Of Judge Selling Fee Knight | Time In Court 2.00 | Time In Court Waiting 2.00 | Time Out Of Court 2.00 | Total Time Claimed This Fee 6.00 |
| | Travel (no. of miles) \$ | Copying (if in-house, no. of copies) \$ | Other (attach receipts if > \$ 25) \$ | | Total Expenses \$ |
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NOTE: In assigned counsel cases, the applicant is always the individual attorney. If payment is to be made to individual applicant, write "same" under Payee and give applicant's taxpayer ID No. (Federal Employer ID No. or, if no Federal Employer ID, SSN). If payment is to be made to applicant's firm, give firm name as Payee and firm's taxpayer ID No.

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| Name Of Applicant DENNIS DUFFY MAXWELL | | Address 200 N. GROVE STREET, SUITE 93 | |
| Payee (see Note) District 29B Public Defender Office | | HENDERSONVILLE NC 28792 | |
| Taxpayer ID No. (see Note) N/A | Telephone No. 828-694-4270 | | |
| Email Address | | Date 10/26/2022 | Signature Of Applicant |

II. ORDER TO PAY OR FIX VALUE OF SERVICES

Based on the Findings of Fact set out in Section III, the Court ORDERS that the "Total Amount" stated on Line 4 below be:

☐ (Assigned Counsel) paid by the State of North Carolina to the payee named above.
☒ (Public Defender/IDS Contractor) fixed as the value of legal services and other expenses of representation rendered by the applicant named above.

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| 1. Hours Approved By The Court | 6.00 |
| 2. Fees Allowed/Value Of Services Rendered (Hours Approved x IDS Rate) = | \$ 390.00 |
| 3. Other Necessary Expenses Allowed By The Court | \$ |
| 4. TOTAL AMOUNT | \$ 390.00 |

(Over)